

State of Wisconsin Pediatric Imaging Guidelines for Blunt Trauma

(This guideline is not meant for Child Abuse Investigation)

Consider Head CT

(PECARN Data)

Less than 2 yrs:

- Altered mental status, GCS 14
- Loss of consciousness > 5 sec.
- Non-frontal scalp hematoma
- Palpable skull fracture
- Non-normal behavior according to family
- Severe mechanism of injury*

2 yrs and older:

- Altered mental status, GCS 14
- History of loss of consciousness
- Vomiting
- Signs of basilar skull fracture
- Severe headache
- Severe mechanism of injury*

*Severe mechanism of injury defined as:

- MVC with rollover or passenger ejection
- Pedestrian or bicyclist without helmet struck by motor vehicle
- Fall greater than 3 feet for less than 2 yrs old, greater than 5 feet for 2 yrs and older
- Head struck by high-impact object (e.g., baseball, golf club)

Consider Chest X-ray

- Obtain a chest X-ray

If concern for cardiothoracic trauma and/or an abnormal chest radiograph, contact your closest pediatric trauma center.

Consider Cervical Spine

Less than 3 yrs:

- Obtain plain cervical spine X-rays (anterior/posterior and lateral views)

3 yrs and older:

- Obtain plain cervical spine X-rays (anterior/posterior, lateral and odontoid views)

If concerns, keep in cervical collar and contact your closest pediatric trauma center.

Consider Abdomen/Pelvis CT

If unable to obtain IV access for contrast, please contact closest pediatric trauma center.

Imaging: Positive FAST in hemodynamic stable patients

Labs: Increased AST/ALT > 200/125

Physical Findings:

- Abdominal wall bruising/seat belt sign
- Abdominal tenderness/pain/concern for peritonitis
- Thoracic wall trauma
- Vomiting
- Hematuria

If there is concern for a collecting system injury, please obtain a 5-min. delay images.

Please avoid the pan scan, contact your nearest pediatric trauma center prior to imaging if transfer is clear.



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